



INCIDENT REPORTING PROCEDURES

Procedure number	2	Version	3
Drafted by	Lee Evans	Approved by Committee on	21/10/2019
Responsible person	Frank Merzel	Scheduled review date	21/10/2022

RESPONSIBILITIES

It is the responsibility of the **SCC Executive** to ensure that:

- All teams have a first aid kit, which should be available at all games and training sessions;
- Coaches and/or Team Managers notify the Club Secretary or other General Committee Member of all dangerous occurrences;
- Coaches and/or Team Managers are aware and understand the principles of incident reporting and investigation;
- All incidents that result in or have the potential to result in injury or damage are investigated and, where necessary, corrective or preventative action is taken;
- All matters relating to member welfare are dealt with in an appropriate, sensitive and timely manner.

It is the responsibility of **all members** to ensure that:

- Incidents and hazards are reported to a member of the General Committee at the earliest opportunity;
- They are conscious of their own personal safety and the safety of those around them;
- Parents maintain close supervision of children at all times in and around SCC facilities; and
- Following any incident involving SCC facilities that all appropriate medical records are retained and provided to the Club for insurance purposes (where applicable).

PROCEDURES

All incidents that result in an injury or illness in or around SCC facilities must be reported to a member of the General Committee, preferably within 24 hours of the incident occurring.

All incidents should be reported according to the 'Incident Report Form' at Attachment A.

Any incident which has the potential to result in injury or damage to property must be reported in the same manner as an incident that results in injury or damage.

In the case of an incident

The primary concern in the case of an injury is for the member(s) directly impacted.

Where possible, all injuries should be assessed by an adult (eg. parent, Coach, Team Manager) to determine whether medical treatment is required. Where a qualified First Aid Officer is available their opinion should be sought immediately.

If there is any imminent threat to life (or the potential to be) an ambulance should be called immediately on 000.

If medical treatment is required, the Coach must ensure that suitable arrangements are made for transport to a doctor or hospital. All eye injuries (including foreign objects between the eye and eye lid which is not dirt or dust particles) or incidents of concussion must be referred to a doctor or hospital.

Where there is no threat to life but medical treatment is required the injured member's Emergency Contact should be called to advise them of the situation. In the case of a junior player the Emergency Contact should be asked whether they wish their child to be transported to a doctor or hospital, or a family member or friend will come and collect the child.

An Emergency Contact List will be provided to all Coaches at the start of each season.

In incidents of concussion an injured player should not be allowed to drive and arrangements should be made by the Coach/Team Manager for the injured player to be transported to a doctor or hospital.

Coaches and/or team managers should be conscious of the safety of other children in their care when attending to injured players.

An 'Incident Report Form' (see Attachment A) must be completed for all incidents involving members or visitors using SCC facilities:

A copy of the completed incident report form must be retained and filed by the SCC Secretary.

In the event of a death

Advise Emergency Services on 000. If an incident results in a death, the site of the incident must not be disturbed until the police have attended and advised accordingly.

The above does not apply if the disturbance to the site is for the purpose of:

- protecting the health and safety of any person; or
- aiding an injured person involved in an incident; or
- taking essential action to make the scene safe or to prevent a further occurrence of an incident.

Once Emergency Services have been called and site made safe the Club President should be advised immediately of any incident resulting in death.

INSURANCE

The SCC has insurance under a Group Policy facilitated by Cricket Australia for Personal Injury Cover. The Cover provides financial assistance in three key areas:

- Non-Medicare Medical Benefits – provides reimbursement for items that are not claimable through Medicare (not including the Medicare gap);
- Loss of Income Benefits – provides reimbursement for weekly income up to \$500 per week; and
- Capital Benefits – cover in the event of permanent disability or death.

Limitations and caps apply to some cover types. A fact sheet with further information is available on the SCC website.

Members are encouraged to take out private health insurance to cover themselves against all eventualities.

Making a claim

1. Fill out an Incident Report Form and provide it to the Club Secretary.
2. Hold onto all receipts, referrals or evidence of medical attention.
3. Fill out Insurance Claim form as directed by Club Secretary.
4. Provide any further evidence to progress claim as requested by the Insurer (eg. proof of employment, receipts, etc).

For further information see the Club Secretary.

AUTHORISATION

Allison Dodd

President, Strathmore Cricket Club

21 October 2019

APPENDIX A

INCIDENT REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and (where possible) returned to the Club Secretary within 48 hours of any incident.

SECTION A: TO BE COMPLETED BY ATTENDING ADULT (eg. PARENT, COACH, TEAM MANAGER)

PERSON INVOLVED IN INCIDENT (Please print)

Title	Surname	First Name	Date of Birth
(please tick) Playing Member <input type="checkbox"/> Non-playing Member <input type="checkbox"/> Visitor/Other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Contact telephone number	Email Address		

Date incident/near miss occurred: / /

Time incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

PART OF BODY AFFECTED (TICK APPROPRIATE ANSWERS)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> Teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	
<input type="checkbox"/> not applicable						

Nature of Injury (tick appropriate answers)

- | | | | | | |
|---|-------------------------------------|---------------------------------------|---------------------------------|----------------------------------|--|
| <input type="checkbox"/> abrasion | <input type="checkbox"/> puncture | <input type="checkbox"/> heart attack | <input type="checkbox"/> sprain | <input type="checkbox"/> burn | <input type="checkbox"/> traumatic shock |
| <input type="checkbox"/> bruise | <input type="checkbox"/> laceration | <input type="checkbox"/> hearing loss | <input type="checkbox"/> strain | <input type="checkbox"/> scald | <input type="checkbox"/> electric shock |
| <input type="checkbox"/> fracture | <input type="checkbox"/> amputation | <input type="checkbox"/> foreign body | <input type="checkbox"/> hernia | <input type="checkbox"/> rash | <input type="checkbox"/> psychosocial |
| <input type="checkbox"/> concussion | <input type="checkbox"/> bite | <input type="checkbox"/> minor cuts | | <input type="checkbox"/> allergy | <input type="checkbox"/> chemical |
| <input type="checkbox"/> Aggravation of previous injury or medical condition. | | | | | |
| <input type="checkbox"/> not applicable | | | | | |

Type of Incident which caused Injury (tick appropriate answers)

- | | | | | |
|---|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> striking against | <input type="checkbox"/> stumbling | <input type="checkbox"/> lifting | <input type="checkbox"/> pushing | <input type="checkbox"/> ingestion |
| <input type="checkbox"/> struck by | <input type="checkbox"/> slipping | <input type="checkbox"/> bending | <input type="checkbox"/> pulling | <input type="checkbox"/> absorption |
| <input type="checkbox"/> caught in | <input type="checkbox"/> tripping | <input type="checkbox"/> twisting | <input type="checkbox"/> jumping | <input type="checkbox"/> inhalation |
| <input type="checkbox"/> stepping on | <input type="checkbox"/> falling | <input type="checkbox"/> stress | <input type="checkbox"/> motor vehicle | <input type="checkbox"/> needlestick |
| <input type="checkbox"/> other: describe | | | | |
| <input type="checkbox"/> not applicable | | | | |

Description of the incident:

Ambulance Called: YES / NO

Medical Attention Needed:

PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE

What action (if any) could be taken to prevent this incident occurring again?

Signed by Coach/Team Manager _____ Name _____ Date _____

Signed by Secretary receiving report _____ Name _____ Date _____

